

ROUTINE FOOD ESTABLISHMENT INSPECTION REPORT

For use of this form, see TB MED 530; the proponent agency is OTSG.

1. ESTABLISHMENT NAME

2. ESTABLISHMENT ADDRESS

3. PURPOSE

- ☐ ROUTINE
- ☐ FOLLOW-UP
- ☐ SELF EVALUATION

4. RATING

- ☐ EXCELLENT
- ☐ SATISFACTORY
- ☐ UNSATISFACTORY

5. FOLLOW-UP INSPECTION
REQUIRED

- ☐ NO
- ☐ YES

REINSPECTION DATE
(YYYYMMDD) _____

6. NUMBER AND TYPE OF
VIOLATIONS

_____ CRITICAL

_____ NONCRITICAL

7. WAREWASHING DATA

a. MANUAL

(1) SANITIZING TEMPERATURES (°F)
AND LOCATIONS

(2) CHEMICAL SANITIZERS
(Type and Concentration)

b. MECHANICAL

(1) WASH CYCLE TEMPERATURE (°F)

(2) FINAL RINSE TEMPERATURE (°F)

(3) CHEMICAL SANITIZERS (Type and
Concentration)

(4) FINAL RINSE TIME (Seconds)

8. REFRIGERATOR/FREEZER
UNIT TEMPERATURES

Type °F

9. COLD OR HOT PHF
TEMPERATURES

Food, Location °F

10. VIOLATIONS (List critical first.)

a. CRITICAL		b. REPEAT		c. REFERENCE PARAGRAPH FROM TB MED 530	d. VIOLATION DESCRIPTION/REMARKS/CORRECTIVE ACTIONS	e. CORRECTED BY (Initials/Date)
YES	NO	YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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10. VIOLATIONS (List critical first.) (Continued)

[illegible]

11a. INSPECTOR'S NAME AND SIGNATURE	11b. DATE OF INSPECTION (YYYYMMDD)	11c. TIME OF INSPECTION
11d. INSPECTOR'S UNIT	11e. UNIT'S TELEPHONE NUMBER	
12a. ESTABLISHMENT REPRESENTATIVE'S NAME AND SIGNATURE		
12b. ESTABLISHMENT REPRESENTATIVE'S TITLE	12c. DATE RECEIVED (YYYYMMDD)	